

**SUMTER CITY-COUNTY BUILDING DEPARTMENT**

**BUILDING BOARD OF APPEALS**

APPLICANT:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

PROPERTY

OWNER: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PROPOSED

USE: \_\_\_\_\_

TYPE OF CONSTRUCTION: \_\_\_\_\_

CONDITIONS FOR APPEAL(S):

Check any one of the following conditions that are claimed to exist:

\_\_\_ The true intent of this code or the rules legally adopted there under have been incorrectly interpreted.

\_\_\_ The provisions of this code do not fully apply.

\_\_\_ An equally good or better form of construction is proposed.

Note: The Board of Appeals shall have no authority to waive the requirements of this code.

**SPECIFY CODE SECTION IN DISPUTE:** \_\_\_\_\_

Should none of the conditions apply, the Board shall consider the appeal groundless.

What is the basis for your appeal? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Submit twelve (12) copies of any information you wish the Board to review with this request.

Area below line for Building Department and Board Member use only

---

Date of Meeting \_\_\_\_\_

**BUILDING DEPARTMENT COMMENTS:**

Findings/Comments \_\_\_\_\_

---

Recommendation \_\_\_\_\_

---

**BOARD MEMBER USE:**

NAME \_\_\_\_\_

VOTE ( ) YES ( ) NO

Outcome: (Building Official Use)

---

---

---